

**STATE OF WASHINGTON**

**OFFICE OF INSURANCE COMMISSIONER**

State of Washington Loss and Expense Exhibit for Calendar Year 2003

COMPANY NAME: \_\_\_\_\_ NAIC GROUP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_ NAIC COMPANY CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**(AMOUNTS IN THOUSANDS OF DOLLARS)**

PREMIUMS, LOSSES EXPENSES AND NET INCOME	MEDICAL MALPRACTICE				ATTORNEYS MALPRACTICE	ARCHITECTS & ENGINEERS MALPRACTICE	MUNICIPAL LIABILITY	DAY CARE CENTER LIABILITY
	PHYSICIANS & SURGEONS	HOSPITALS	OTHER HEALTH CARE PROFESSIONS	OTHER HEALTH CARE FACILITIES				
	1	2	3	4	5	6	7	8
1 Direct Premiums Written.....								
2 Direct Premiums Earned.....								
3a Direct Losses Paid.....								
3b Change in Direct Case Reserves.....								
3c Change in Direct IBNR Reserve.....								
3d Direct Losses Incurred: 3a + 3b + 3c.....								
4 Direct Loss Adjustment Expense Incurred...								
5 Direct Commission and Brokerage Incurred..								
6 Other Acquisition, Field Supervision and Collection Expenses Incurred.....								
7 General Expenses Incurred.....								
8 Taxes, Licenses and Fees Incurred.....								
9 Total Expenses Incurred: 4 + 5 + 6 + 7 + 8.....								
10 Net Investment Gain (Including Net Realized Capital Gains).....								
11 Dividends to Policyholders.....								
12 Net Income Before Federal and Foreign Income Taxes (2 + 10) - (3d + 9 + 11).....								

**This exhibit is required by RCW 48.05.380 and .390. It must be filed no later than May 1, 2004.**

Send the completed exhibit to:

PROPERTY / CASUALTY ACTUARY  
OFFICE OF INSURANCE COMMISSIONER  
PO BOX 40255  
OLYMPIA, WA 98504-0255